

FILED JUL 13 1942
Registration District No. **207**

Primary Registration District No. **4124**

25
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County **Clinton County**
(b) City or town **Lathrop, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**
(c) City or town **Lathrop**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIE CRAY ARNOLD**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MARE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARIED**

6. (b) Name of husband or wife **Fannie Arnold** (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Aug 4 1897**
(Month) (Day) (Year)

8. AGE: Years **52** Months **10** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Clay County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER
11. Industry or business _____

12. Name **Mason Arnold**

13. Birthplace **Missouri, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Dykes**

15. Birthplace **Clay County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mason Dykes**
(b) Address _____

17. (a) **Burial** (b) Date thereof **6-11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lathrop, Mo.**

18. (a) Signature of funeral director **Leonard Gay**

(b) Address **Kearney, Mo.**

19. (a) **6-15-42** (b) **Mrs. Kathleen Harris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9th**
year **1942** hour **2:30** minute _____ M.

21. I hereby certify that I attended the deceased from **Apr-17** to **June 9-42**
that I last saw him alive on **June 9-42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Larcoma of neck**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **55e**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. Longfield** (M. D. or other) _____

Address **Lathrop, Mo.** Date signed **6-9-42**

SEP 13 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Leonard Fry
Licensed Embalmer No. 1677
P. O. Address Henry road

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.